PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001						Application of Docker Number  10/0/5030			
	CLAIMS A		PART1	um 2)	SMALI TYPÉ	emry.		CER THAN	
TOTAL CLASS		43			RATE	N REE	RAT		
FOR		MUMBER	FILED NUM	MERIEXTRA	848C1		OR MASIC		
TOTAL CHARGE	ABLE CLAIMS	43 m	nus 20+	23	X5 9		OR XS18	97.9	
INDEPENDENT C	LAIMS	6 m	nus 3 +	3	X42-			000¢ 1020000000	
MULTIPLE DEPE	NDENT CLAIM P	RESENT							
* If the difference	in column 1 is	less than z	enter O'in	column 2	+140		OR +280		
	LAIMS AS A			7	TOTA		OR TOTA		
12/4/05	(Column 1)		(Column 2)	(Column 3)	SMAL	LENTITY		LENTITY	
<b>3</b>	REMARKS		MINDEST	PRESENT	RATE	ADD:	RATI	ADDI	
Total	AMENDMENT	2000000TTT	PREVIOUSLY PAD FOR	ECTRA		FEE	/ W	E TONAL	
Total	• 43	Minus	- 43	• /	X\$ 9=		OR XS18	• /	
AND ASSESSED.	NTATION OF M	Minus a Tron e ne	PENDENT CLAIM		X42-		OR X84		
				XXX 2 XX 5	+140-		CS +290		
2/					ioi:		00 10		
3/22/	(COLUMN 1)		(Column 2)	(Calumn 3)	ADDIT. FE		Abotes		
	REMARKS AFTER		NUMBER	PRESENT	RATE	PADDIS		ADDI-	
11	AMENOMENT	Eliciococico	PREVIOUSLY PAID FOR	EXTRA	- AIE	FEE	BATT	TIONAL	
	· 43	Minus	<i>- 43</i>		X3.9=		OR X518	- 4	
FIRST PRESE	NTATION OF M	Minus B TIPLE DED	ENDENT CLAIM		X42-		OR 184	***************************************	
					+140a		OR +280		
rr b					TOTA		. 101		
101610	(Column 1)		(Column 2)	(Column 3)	ADDIT FE		ADDIT. P	5	
	REVANING		NUMBER	PRESENT		ADOI-		ADQI-	
THE STATE OF THE S	ANTER AMENDMENT		PREVIOUSLY MAID FOR	EXTRA	PATE	TIONAL	FATE	TIONAL	
Joseph Joseph	43	Mirror	- 48		X\$ 9-	8888888	OR X518	00 0000000000	
I TOMBI L TOMBI L Tridependent FIRST PRESE		Minus	• 6	• //	X42=		OF X84		
TIME CARRESE	HIATION UP MIL	ATTICE DEP	endent Claim	888 rs 588 22 888 rs 588 22		881/882		**************************************	
° V¢q entyja cokr ™il On Tighesi tika	en I beleen Unen di	e entry in code	no 2, with 10° in col	umin 3,	+140=		OR +280-		
The Hickory No.	rbar Provinces Pa	M For IN THE	SPACE is less that SPACE is less that Independent is the		ADDIT, FEE		OF ADOIT FI		
						arts of sections	#4 <del>************************************</del>		

FORM PTO-878 (Pies BOIL)

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